PHYSICIANS should state of OCCUPATION is very RECORD statement PERMANENT EXACTLY. Exact stated classified. 4 pe pinous properly AGE INK carefully supplied. may be UNFADING certificate. that it 80 of WITH be DEATH in plain terms. on back should See Instructions Information WRITE

of

Every Item CAUSE OF important.

1 PLACE OF DEATH 5300 PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Write the word) 6 DATE OF BIRTH (Month) (Year) (Day) 7 AGE If LESS than 1 dayhrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) ⁹ BIRTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) PARENT 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 15

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

....Ward)

[If death occurred in a hospitat or Institution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH
18 DATE OF DEATH april _ 14", 1913
(Month) (Day) (Year)
april 14", 1913, to april 14", 1913.
that I last saw h A alive on Cyril 144, 1913
and that death occurred on the date stated above, at 10 4 m.
The CAUSE OF DEATH* was as follows:
acute Indegention
(Ouration) yrs. mos. ds.
Contributory (Secondary)
(Signed) (Signed) yrs mos ds. (Signed) Tade, M. D. (Address) Bourbons. Inl
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos, ds State yrs, mos, ds
Where was disease contracted, It not at place of death?
Former or usual residence
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Manor Cornetered Ofr 16, 1913
20 UNDERTAKER ADDRESS

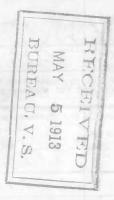
1. C. Recharo

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. niaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborcr," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "l'uerperal, peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," gcuital," "Senile." etc.), "Dropsy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. nant ncoplasms) ; Measles; Whooping cough; Chronic ture of the American Medical Association. "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Mara" "Collapse." "Coma," "Convulsions," "Debility" ("Con-Ihenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Mways qualify all diseases resulting from (Recommendations on statement of (name origin: "Can death), 29 ds. State cause for "Exhaustion, Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT FOR MARGIN RESERVED V. S. No. 1.

BINDING

5301	STATE OF MARYLAND
course Marking din	CERTIFICATE OF DEATH
Oddity	Registered No. 302
X 2	
Village or City Decurry (No.	St; Ward) [It death occurred in a hospital or Institution,
-11 , M.	give its NAME Instead
FULL NAME Wodrow Wil	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX . 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH April, 20, 1913
MI o MI 14 - WIDOWED, Single	(Month) (Day) (Year)
William I was a second	17 Abril // 1918 to 12018 21 1013
8 DATE OF BIRTH	April // 1913, to C / pail 30, 1913,
(Manda) (Day)	that I last saw ham alive on Josef 20 1913
(Month) (Day) (Year)	- B
1 day,hrs	and that death occurred on the date stated above, at
yrsmosdsormin. ?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	f f
(a) Frade, profession, or particular kind of work	emphalor haffa
(b) General nature of industry,	
husiness or establishment in	(Duration) yrs. mos. Q ds.
which employed (or employer)	Contributory
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF	Ouration) yrs mos ds.
FATHER COMMENT COMMENT	(Signed) Of Guller ND
11 BIRTHPLACE	4/21,1813 (Address) Nagustoron
Z (State or country)	
W LIVE	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
of MOTHER B. H. 7 Califf	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the ot death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	or death yrs mos ds. State yrs mos ds. Where was disease contracted,
Same Bola	it not at place of death?
(Informant) (I) (Informant)	Former or usual residence
(Address) Deaurity Mol	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Shilo Ch Security 4- 22- 1913
4/20 2 4	20 UNDERTAKER ADDRESS
Filed 191 d Thursday Registrate	" 11 H. M.
11 more blanks are needed, address State Registrar,	A Destile St Politic Property Angerstown
de la	w. r. auani St., Buito., mequesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. who receive a definite salary), may be entered as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; material worked on may form part of the second (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cereurospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninge, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Publicant septichae-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cause. Aiways qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Coliapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-





PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT EXACTLY. stated properly classified. 4 pe should AGE X carefully supplied. pe UNFADING may that WITH 29 terms, Should plain of information DEATH in plain WRITE Every item CAUSE OF

state Very

1 PLACE OF DEATH 5302 1) ashing on Village or City 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, MARRIED. (Write the word) 8 DATE OF BIRTH (Day) (Year) (Month) If LESS than 7 AGE 1 day,hrs. OR min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 90 back 11 BIRTHPLACE PARENT OF FATHER (State or country) OU 12 MAIDEN NAME OF MOTHER See instructions 13 BIRTHPLACE OF MOTHER (State or country) (informant) mportant. (Address) 15 REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.; Ward)

[If death occurred in a hospital or Institution,

Rogerst.		give its NAME instead of street and number.] 		
MEDICAL CERTIFICA	TE OF DEAT	H		
16 DATE OF DEATH	ril	/ 191 3 Day) (Year)		
17 I HEREBY CERTIFY,	- /	, (,		
, 191, to		191		
that I last saw harm alive on?	na. 8			
and that death occurred on the date	stated above,	atm		
The CAUSE OF DEATH * was as follow	ws:			
Accident - Strue	un ly	sactiona		
caro and instant	Ly Mi	Ull-t		
	.7			
(Durație	n)vrs.	ds		
Contributory(Secondary)	***************************************			
(Duratio	n)yrs	mos ds		
(Signed) & Hodges		M. D		
April 2, 1913 (Address) A	ayers	Heyns MI		
*State the DISEASE CAUSING DEAT CAUSES, State (1) MEANS OF INJURY TAL, SUICIDAL, OF HOMICIDAL.	H, or, In deat	hs from VIOLENT		
18 LENGTH OF RESIDENCE (FOR HOSE OR RECENT RESIDENTS)	PITALS, INSTITU	TIONS, TRANSIENTS		
At place	n the			
of death yrs mos ds. Where was disease contracted.	State yrs.	mos ds		
If not at place of death?		35000000000000000000000000000000000000		
Former or usual residence		*****************************		
19 PLACE OF BURIAL OR REMOVAL	DATE	OF BURIAL		
with scrett		113., 1913.		
20 UNDERTAKER	ADDI			
Sahr me autho	120	Lune VI		

No. 200

m.

ż

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., cause of death approved by Committee on Nomencla "Contributory." ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purperal scptichaecause. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent "Old Age," "Shock." Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head "Traemia," "Weakness," etc. State cause for (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MAY I 1918
BUREAU, V. S.

RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN

æå

	² FU	ILL NAME	yau	ref X		
	PER	SONAL AND	STATISTICA	AL PARTICULA	RS	1
no or	rale	golis	to RACE	MARRIED, WIDOWEO, ORDIVORCED (Write the Wor	idomed	16 DATE OF
6 p	ATE OF BI	RTH	6 (Month)	/9	, 1887 (Year)	that I hast so
7 A	GE		(MONTH)	15	If LESS than	alla that aga
(a)	CCUPATIO Trade, prefes	ssion, or	anne	08ds.	ORmin.?	
(a) pa (b) bus wh) Trade, profes rticular kind o General natu liness, or es	ssion, or sit work	anne Masej	land.	ORmin.?	Contribu
(a pa (b) bus wh	Trade, prefes rticular kind of General natu iness, or se ich employed IRTHPLAC tate or cou	ision, or side work	masey west	Bovey	ORmin.?	Contribu (Seconda
(a) pa (b) bus wh	Trade, prefes rticular kind o General natu inless, or ea ich employed IRTHPLAC tate or cot 10 NAME FATH 11 BIRTH OFF (State o 12 MAID! OF N	ision, or side work	masey Masey Masey	land. Borry clark	ingans	Contribu (Seconda (Signed) State t CAUSES, 6 TAL, SUIC
ARENTS who sad (q) sad (q)	Trade, prefes rticular kind of General natu iness, or se ich employed IRTHPLAC tate or coul 10 NAME FATH 11 BIRTH OFF (State of 12 MAIDI OF M	ision, or side work	masey Masey Masey	Sovey sland	7	Gontribu (Seconda (Signed) State t CAUSES, 61

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 306

ey s	t.;Ward)	[If death occurred la a hospital or Institution, give its NAME instead of street and number.]
MEDIGAL CE	RTIFICATE OF E	DEATH
16 DATE OF DEATH	(Month)	(Day), 1913.
11/11/2011	3, to Garil	tended deceased from 1913, 1913, 1913 ove, at 8 0 m,
The CAUSE OF DEATH* wa	Brights	Distase yrs. 3 mos. ds.
Anie 5 , 1913 (Address	(Duration)	yrs. mos ds.
*State the DISBASE CAUSI CAUSES, state (1) MEANS (TAL, SUICIDAL, OF HOMICIDAL OF RECENT RESIDENTS) At place of death yrs 3 mos. Where was disease contracted, fi not at place of death? Former or usual residence.	ds. State 70	yrs, I mos, 16 ds.
19 PLACE OF BURIAY OR RI 20 UNDERTAKER W. J. D. ELTIC	EMOVAL D	DATE OF BURIAL College Encolle

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not mane, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreral septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," the head Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1913
BUREAU, V.S.

If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. (a), Spinner, (b) Cotton mill; (a) Salesman, (b) tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the nisease causing death—Name, first, the nisease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver round of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras. genital," "Senile." etc.), "Dropsy," mere symptoms or terminal conditions, such as "Asnant neoplasms) : Measles; Whooping cough: Chronic Accidental drowning; Struck by railway train-acci-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic Interstitial nephritis oma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 State cause for "Exhaustion," Examples For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

V. B. No. 1

N. B.

Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

Village or City Manswille (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE MARRIED MARRIED MIDOWELL WISOWELL OR DIVERCED (Write the word) (Month) (Day) (Year	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from [7] 191 191 191 191 191 191 191 1
TAGE OF LESS to day,	han and that death occurred on the date stated above, at 6 Pm.
business, or establishment in which employed (or employer)	(Ouration)yrsmosds.
9 SIRTHPLACE (State or country) 10 NAME OF FATHER 11 SIRTHPLACE (State or country) Maryland Mellu	(Signed) 1. (Address) / Ama Card Mad
OF FATHER (State or country) Maryla d Maryla	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Range State	At place of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
16 P 19 2 M M 16	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. A.

REGISTRAR

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal statement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative sealthfulwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) For many occupations a single word or term on the been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as nunc, etc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman," (0)

Statement of cause of death—Name, first, the diberable causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demonda"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

which surgical operation was undertaken. mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "Purprenal septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Kart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of .. ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can The nature of the "Exhaustion," Never report Examples:



SICIANS should OCCUPATION IS PHYSICIANS RECORD ENT PERMAN proper supplied. Ö may certificate. that of back terms. plain instructions 2 of Inform WRITE OF Important. Every II 03

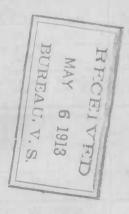
STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred to a hospital or institution. give Its NAME Instead ot street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWEO, JA (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) If LESS than 7 AGE and that death occurred on the date stated above, at... 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE RENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME A OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, mos. Where was disease contracted. It not at place of death? usual residence. DATE OF 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Regia trar, 6 E. Franklif St., Balto., Requesting V. S No. 1.

[Approved by U. 8, Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. -(a) Spinner, (b) Cotton mill; (a) Salesman, "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborerstatement. it should be used only when needed. additional line is provided for the latter statement who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, It is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

genital," childbirth or miscarriage, as "Purreeral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerpenal peritonitie," etc. State cause for "Hart failure," "Haemorrhage," "Inanition," "Maran "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... ture of the American Medical Association.) Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can-Examples:



N. B.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

county Wasting Ton	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 202
Village or City Heysustow (No. 74)	Madison Officers (It death occurred in a hospital or institution give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mak White Single, MARRIED, WIDDWED, DROIVORGED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That Lattended deceased from
7 AGE (Month) (Day) (Year) 7 AGE 1 LESS than 1 day,hrs. 2 yrs. 2 mas, 3 ds. ORmin.?	that I last saw have alive on for stated above, at 2 m. The CAUSE OF DEATH* was an follows:
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE 13 TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 15 Filed. 1913 16 Filed. 1913 REGISTRAR	(Signed) State the DISEASE CAUSING DEATH, OT, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) In the ot death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SALVEY ARE LONG BURIAL OR ALLONG BURIAL SALVEY BURIAL BURIAL BURIAL BURIAL ADDRESS SALVEY BURIAL BURIAL BURIAL SALVEY BURIAL BU
n more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekcepers who receive a definite saiary), may be entered as fication, as Pay laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Abusework, or At Home, and children, not mine, etc. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the business or indust y; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithfulwho have no occupation whatever, write None. (a). Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Purrement scottchacmus," "Old Age," "Shock." 'Traemia," "Weakness," ample: Measles (disease causing death), 29 affection need not be stated unless important. scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Aceidental drowning; Struck by railway train-accl-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never reporvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of _ ture of the American Medical Association.) The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senfle." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," __ (name origin; "Can-State cause for Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

\ <u>\</u>	*Hage or City Hagestown (No. 334)	Minter St. St.; Ward) (If death a hospital or give its NAM of street and
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 5	Mala White Single, Married, Widoweo, Massied (Write the word)	16 DATE OF DEATH (Month) (Day) (Day) 17 I HEREBY CERTIFY, That I attended decease
6 D	ATE OF BIRTH Asil 15, 1872 (Month) (Day) (Year)	that I last saw him on apr. 14
7 AC	GE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 83. The CAUSE OF DEATH* was as follows: Freek down elevator she
	Trade, profession, or ricular kind of work	
(b) bus whi	General nature of industry, ilness, or establishment in ich employed (or employer)	Contributory (Secondary)
pai (b) bus whi	General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE tate or country) 10 NAME OF FATHER Servis. Couller 11 BIRTHPLACE OF FATHER	(Signed) David (Two Kins (Signed) 15, 1913 (Address) Hagratan 2
par (b) bus whi	General nature of industry, ilness, or establishment in ich employed (or employer) IRTHPLACE tate or country) Maryland. 10 NAME OF FATHER FEATHER Sewis. Culler	(Signed) State (1) Means of Injury; and (2) whether Act and Suicidal, or, Homicidal.
PARENTS (9) based (a) based (b)	Intervention of work Beneral nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE tate or country) Masyland 10 NAME OF FATHER Servis. Couller 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Masyland 13 BIRTHPLACE OF MOTHER (State or country) Masyland Masyland 14 Masyland 15 Masyland 16 Mother (State or country)	(Signed) Cause (Interpretate of death of Residents) (Signed) Cause (Interpretate of Causes, state (I) Means of Injury; and (2) whether act tal, Suicidal, or, Homicidal. (Signed) Cause (Interpretate of Means of Injury; and (2) whether act tal, Suicidal, or, Homicidal. (Signed) Cause (Interpretate of Means of Injury; and (2) whether act tal, Suicidal, or, Homicidal. (Signed) Cause (Interpretate of Means of Injury; and (2) whether act tal, Suicidal, or, Homicidal. (Signed) Cause (Interpretate of Means of Injury; and (2) whether act talk in the of Means of Injury; and (2) whether act talk in the of Means of Injury; and (3) whether act talk in the of Means of Injury; and (3) whether act talk in the of Means of Injury; and (3) whether act talk in the office of Means of Injury; and (3) whether act talk in the office of Means of Injury; and (3) whether act talk in the office of Means of Injury; and (3) whether act talk in the office of Means of Injury; and (3) whether act talk in the office of Means of Injury; and (3) whether act talk in the office of Means of Injury; and (3) whether act talk in the office of Means of Injury; and (3) whether act talk in the office of Means of Injury; and (3) whether act talk in the office of Means of Injury; and (3) whether act talk in the office of Means of Injury; and (4) whether act talk in the office of Means of Injury; and (4) whether act talk in the office of Means of Injury; and (4) whether act talk in the office of Means of Injury; and (4) whether act talk in the office of Means of Injury; and (4) whether act talk in the office of Means of Injury; and (4) whether act talk in the office of Means of Injury; and (4) whether act talk in the office of Means of Injury; and (4) whether act talk in the office of Means of Injury; and (4) whether act talk in the office of Means of Injury; and (4) whether act talk in the office of Means of Injury; and (4) whether act talk in the office of Means of Injury; and (4) whether act talk in the office of Means of Injury; and (4) whether act
PARENTS STUBBARD (S) Page (S) Page (S)	Inches of industry, iness, or establishment in ich employed (or employer) IRTHPLACE tate or country) Manyland. 10 NAME OF FATHER SELVIS. Culler 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 13 BIRTHPLACE 13 BIRTHPLACE 14 BIRTHPLACE 15 BIRTHPLACE 16 BIRTHPLACE 16 BIRTHPLACE 17 BIRTHPLACE	Contributory (Secondary) (Buration) (Signed) (Signed)

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation bas of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite saiary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industr; and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage. as "Puezperal scottchaecause of death approved by Committee on Nomencla scpsis, tctanus) injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerpenal peritonilis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." -Kart failure," "Haemorrhage," "Inanition," "Maras genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," ampic: Meastes (disease causing death), 29 da. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions." "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 as. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," 'Uraemia," "Weakness," _ (name origin; "Can Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR V. S. No. 1.

County Washing on 5309	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 302
Village or City Hagestown (No. 225, 2 FULL NAME Susan a Eld	If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female what (Write the word)	18 DATE OF DEATH (Month) (Month) (Day) (Year) 170 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH Afril 6 , 18.36 (Month) (Day) (Year)	that I last saw here allve on And 4, 1913
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 10.3 m The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Livernic Porsoni
10 NAME OF Lewis Farrand 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER Salie Conomor	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death? Former or usual residence
(Address) 221 H Zowy 16 Price 16 Price 18 Price	19 PLACE OF BURIAL OR REMOVAL LOUIS MUNICH DATE OF BURIAL 20 UNDERTAKER WOLKERS MUNICH HATE, MA

[Approved by L. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeinus," "Oid Age," "Shock," "Uraemia," "Weakness," ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:



-Eyery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR S. No. 1.

S. S.

PLACE OF DEATH 5310	STATE OF MARYLAND CERTIFICATE OF DEATH
County VI and Ming 1770	Registration Dist. No. 301
Village of City Hayssstown (No. 522) 2FULL NAME Lawrence Hill	Pa. OVE St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED, OROUNDRED (Write the word) 8 DATE OF BIRTH (Month) (Day) (Year)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I stended deceased from 1913, to 1913, to 25 1913,
7 AGE It LESS that 1 day, hrs ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Petropolar (State or country) Acade See Joseph Pand	(Duration) yrs. mos. ds. Contributory (Secondary) (Duration) yrs. mos. ds.
10 NAME OF FATHER CHASSES OF SSMOLE 11 BIRTHPLACE OF FATHER (State or country) Hagsistown has 12 MAIDEN NAME OF MOTHER CLIES 7. Bryan. 13 BIRTHPLACE	(Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSAS, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
OF MOTHER (State or country) Issue astle Para 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Chas. M. Sside (Address) 522 Pa. ave stages stone	of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL A DATE OF BURIAL
Filed #125 1913 Activity Ravis Registrate fr more blanks are needed, address State Regis trar,	Rose Hill Hagesstown Thil 25, 1913. 20 UNDERTAKER S. Keller Lowman Hagestown

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not pald Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Healthfulessary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or misearrlage, as "Puerrenal septichacetc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras. ample: Meastes (disease causing death), 29 de :: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mus," "Old Age," "Shock." "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chromie er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "Traemla," "Weakness," etc. (name origin; "Can-State cause for Never report Examples:



S. No. 1.

m

.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT UNFADING INK-THIS Important. See instructions on back of certilicate.

'PLACE OF DEATH 5311



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or CityHa	gerstown (Ne	04	West	Side	Ave.s	t; 5"	Ward)
-------------------	--------------	----	------	------	-------	-------	-------

[it death occorred in a hospital or institution, give its NAME instead at street and number.]

*FULL NAME Henry D. Finck.	give its NAME instea et street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE	OF DEATH
Acolor or race single, Married, White the wordarried 17 I HEREBY CERTIFY, That	
August 11" 1886. (Month) (Day) (Year) Tage It LESS than that death occurred on the date state than the control of the cont	
© OCCUPATION (e) Frade, protession, or particular kind of work R. R. Brakeman (b) General neture of industry,	yrs — mos ds
Pennsylvania. 10 Name of Father David Finck. Signed Signed Pennsylvania Pennsylvani	In deaths from Vrovens
OF MOTHER Sarah Deywalt. 13 BIRTHPLACE OF MOTHER (State or country) Penna. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 16 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENCE) At place of death yrs. mos. ds. State. Where was disease contracted, if not at place of death?	yrs, ds.
Flied 7/7- 1913 Ally Daves 20 UNDERTAKER	April 8", 1913.
REGISTRAR C. M. Suter & Son F If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S.	agerstown, Md

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: tion is very important, so that the relative mealthful-Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groecry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to thue and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrosic oma. Sarcoma. etc., of _______ (name origin; "Can-ter" is less definite; avoid use of "Tumor" for mails-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; State cause for "Exhaustion," Never report Examples: For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

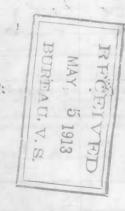
1 PLACE OF DEATH	STATE OF MARYLAND
County Washington 5312	CERTIFICATE OF DEATH
	Registered No.
Village or City Coyels Tome (No. Bl. 2 Full NAME Benjamus 7	Clerus Ward) [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Malo & Aleta (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
GDATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from 191.2, to 27 27, 191.3., that I last saw have allye on 22 191.3
7 AGE (Month) (Day) (Year)	
yrs. 8 mos. 26 ds. 0R. min.	The CAUSE OF DEATH'S Was as follows:
a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in	from to afr 1 9,2
which employed (or employer) BIRTHPLACE (State or country)	Contributory Extension follows ds.
Martand	(Doration) yrsmosds.
10 NAME OF John Filora	(Signed) Storge 9. Evaluat, M.D.
11 BIRTHPLACE OF FATHER (State or country) May and	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT &
MAIDEN NAME OF MOTHER OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death .2 yrs ds. State yrs ds. Where was disease contracted,
(Informant) Baruf Flor Y'	it not at place of death? don't Know Former or usual residence washington Co
(Address) leheur elle	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed 4/29 193 Houry Stone	Seutlistury my April 29, 1913. 20 UNDERTAKER ADDRESS ADDRESS
of more blanks are needed, address State Registrar,	The and the person

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers minc, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speci-fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an essary to, know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," For persons (6)

Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably EENT DEATHS State MEANS OF INJURY and-quality as which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-"Coliapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) "Senile," etc.), (Recommendations on statement of "Dropsy," etc. State cause for (name origin; "Candeath), 29 "Exhaustion," Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

County Mashington 5313 Andrau Spring	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 314
Village or City suchand springero. 2 FULL NAME Clavid forsy	St; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Thite (Write the word)	16 DATE OF DEATH CARL (Month) (Day) (Year)
G DATE OF BIRTH (Month) (Day) (Year	that I last saw have allve on March 17 1913.
7 AGE 45 years 9 months 25 de 1 day,	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work Share Cascadhean	www.se working street
(b) General nature of industry, business, or establishment in which employed (or employer)	
9 BIRTHPLACE (State or country)	(Secondary)
10 NAME OF John. J. farsythe	(Signed) Frathung Perry , M. D.
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
OF MOTHER Online Hunkle	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the of death yrs mbs ds. State yrs mos ds. Where was disease contracted,
(Informant) Leonard & forsy	ft not at place of death? Former or usual residence
(Address) Bag Boal Mid	Shanklown DATE OF BURIAL Shanklown
Filed , 1914 A REGISTRAL	A Fronts Brog & Pa Clean Strong
more blanks are needed, address State Registrat	r, 6 E. Franklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the uature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) injury, as fracture of skuil, and consequences (e. g., cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. childbirth or miscarriage, as "Purrperal septichae-Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronio interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; Examples: cause for For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

1	1 PLACE OF DEATH	STATE OF MARYLAND
	unty Washington, 5314	CERTIFICATE OF DEATH
Co	unty Consumgeous,	Registration Dist. No. 302
1	4 + 200/2	The death annual le
Vi	llage or Gity Hagerstown (No. 3092, 7	W. Franklus St.; 5 Ward) [It death occurred in a hospital or institution,
,		give its NAME Instead of street and number. I
	FULL NAME Deroy alle	u Garvin.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	X 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH MALE 19
7	widowed, lungle	(Month) (Day) (Year)
M	ale. While ordivered (Write the word)	17 HEREBY CERTIFY, That I attended deceased from
8 D	TE OF BIRTH	April 18, 191 3, to April 18, 191 3
	(Month) (Day) (Year)	that I last saw humalive on April 18, 191 3
7 AG		and that death occurred on the date stated above, at 4,300, m.
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
-	yrs. 3 mos. 22 e ds. OR min. ?	
	CCUPATION Trade, profession, or	
	icular kind of work	Acute gastro-ententis
	General nature of industry, ness, or establishment in	(Ouration) yrs, mos ds
	h employed (or employer)	Contributory Councils con
(St	ate or country)	(Secondary)
	10 NAME OF , C.C.	(Ouration) yrs mos ds.
	FATHER (150) A. Garvie.	(Signed) Mary & Laughlin, M. D.
S	11 BIRTHPLACE	Shill, 191 (Address) Hagustown
ENT	OF FATHER (State or country) Lemmalowane	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
ARE	12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
PA	of Mother Laura C. Moore	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or country) Clears Phune 114	of death yrs mos ds. State yrs mos ds. Where was disease contracted.
14 _T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death?
(Interment, Il am Ty Carryae;	Former or usual residence
	The year olound mid	19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL
15	(Address) A Agersians, 1 Vfas.	Jose Hill Cemetery 4 21 1913.
	4111 wa House Brown	20 UNDERTAKER ADDRESS
File	REGISTRAR	V. Kellerid onou but Ila - to
-	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekrepers fleation, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," childbirth or miscarriage, as "Purpreral scottchaecause. genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of etc. State cause for (name origin; "Can Examples: For vio-



PERMANENT supplied FADING

P .

PHYSICIANS shou

EXACTLY.

properly

pe

may

terms,

plain

Ę

DEATH

of

CAUSE OF

50

ions

instructi

Important.

RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registered No. 1 Ilf death occurred inWard) a hospital or institution. give its NAME instead of street and number. 1 2 FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, 2000 (Day) (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 23 that I last saw her alive on Co (Month) (Day) (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day,hrs. OR ? BOCCUPATION (a) Trado, profession, or particular kind of work. (b) General nature of Industry. business, or ostablishment in which employed (or omployer) Contributory.... BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address) BIRTHPLACE ARENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ... yrs. mos. ds. State yrs. Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

Local

REGISTRAR

If more blanks are needed, address State Registrar, 6 E Franklin St., Balto., Requesting V. S. No. 1.

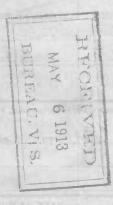
alleanuser

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant. Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, cic. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager." "Dealer," etc.; without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, essary to know Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid preumonia"): Lobar pneumonia; Bronehopneumonia ("Pneumonia." inqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronio "Heart failure," "Haemorrhage," "Inanition," "Marasample: Measles (disease causing death), affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory tetanus) (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: 29 ds.;



Š. 'n

m ż

County Clashington, 5316	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 3
Village or City & a gerstown (No. 6282)	(J. Leorge. St.; 5 Ward) [If death occurred to a hospifal or institution, give ifs NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale. White Single, Markield Wilder (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH October 25, 1838. (Month) (Day) (Year)	March 28, 1913, to April 3, 1913, that I last saw home alive on afril 2 1913
TAGE If LESS than f day, hrs. OR min.?	and that death occurred on the date stated above, at 6.10 Q m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	Joypursiane meumina
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) A O Y Marinesia (State or country)	Contributory Cardiae asthuia (Secondary)
10 NAME OF FATHER SIVEW ADMINISTRATION OF STATE OF FATHER (State or country) Makeroure - 2 Maiden NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) yrs mos ds. (Signed) , M. D. (Signed) , M. D. (State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Unknown,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs, mos, ds
(Informant) Ars. Laral Steen.	Where was disease confracted, If not at place of deafh? Former or usual residence.
(Address) 628 3 W George St., Filed 4/4- 1913 Herry Davis	Martinsburg W. Ou Date of BURIAL 20 INDERTAKER ADDRESS ADDRESS
REGISTRAR /If more blanks are needed, address State Regis trar, 6	S. Keller Lowman, Hagerstown

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons (ē)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purreman septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile." ctc.), ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Come," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report is iess definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age." "Shock." may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," "Taemia," "Weakness," (name origin; "Can death), 29 ds. Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Is very important. See Instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

	PLACE OF DEATH 5317	STATE OF MARYLAND
-1	///aalh dead	CERTIFICATE OF DEATH
Count	y Ly Just Mary Live	Registration Dist. No. 300
Villa	es or Gity Sharpsbyrg (No. 1)	St; Ward) [It death occurred in a hospital or institution,
	0+000	give its NAME instead of street and number.]
	2FULL NAME (SETER)1. SYN	UCL
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE,	16 DATE OF DEATH 47. 22 1913
w	lale White WIDOWEED, Married	(Month) (Day) (Year)
6 DATE	OF BIRTH	HEREBY CERTIFY, That I attended deceased from Leveral 191 to Jan 2/191 3
	Jeb. 3, 1861	(4) 7/
7	(Month) (Day) (Year)	
7 AGE	t day,hrs.	and that death occurred on the date stated above, at
	32 yrs. 2 mos. 4ds. OR min.?	Chronic alcoholism
(a) Trad	PATION le, protession, or ar kind of work Tarmy	
(b) Gen	eral nature of industry,	Leveral juice
	, or establishment in ployed (or employer)	(Duration) yrs mos ds.
9 BIRTH (State	or country) Manland	(Secondary) (Duration) yrs mos ds.
10	NAME OF John Gue	(Signed) E. Ju. Snewlt, M. D.
ST 11	BIRTHPLACE OF FATHER MALE	191 > (Address) Lungsmy, any
ENT	(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
AA 12	OF MOTHER Many barne	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13	BIRTHPLACE OF MOTHER State or country! Mansland	At place in the of death yrs mos ds. State yrs mos ds
14THE	A BOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not et place of death?
(into	rmant, Mus. Teler J. Smil.	Former or usual residence
	(Address) Sharpshing Md	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
15	11 4 10 1	Thatpsburg Md. april 2 4, 191.3
Flied	4/22 191.3 bleas N. Hormanier	Tulke and Leaf Williamshak
If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S No. 1.		

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. . Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Großery; (a) Forcman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. of persons engaged in domestic service for wages, as it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," 6

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease.); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purperal scottchae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As usat neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ ture of the American Medicai Association.) "Contributory." -Kart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Can-State cause for Never report Examples: For VIO-



		state
		should ION is
)	RECORD	PHYSICIANS of OCCUPAT
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	IS A	d be
	THIS	E shoule
	INK-	L. AG
	DING	supplied may be
	UNFA	Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mi Important. See instructions on back of certificate.
	ITH	be is
	Y, W	tern tern on ba
	LAINL	nation s in plain uctions
	<u>d</u>	ATH Instr
	RIT	of DE
6	3.	Item E OF
No. 1.		Every CAUS Import

PLACE OF DEATH	5318	0
illage or City Hagerstown	(No. 40	0

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 302

S. Cannon Ave. st: 3" Ward)

[If death occurred in a hospital or institution, give its NAME instead

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SI	4 COLOR OR RACE SHINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the many)	16 DATE OF DEATH 4 28 , 1913. (Month) (Day) (Yesr) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	4/11- 1912, to 4/28 ,1913.
	January 19" , 1840. (Month) (Day) (Year)	that I lest saw h = allve on 9/3 1912
7 A	73 yrs. 3 mos. 8 ds. or mio.?	and that death occurred on the date stated above, at 3 4 m, The CAUSE OF DEATH* was as follows: Chose of heplantin
	CCUPATION) Trade, profession, or Lawyer& Minister.	" Evelocarditi
(b)	General nature of Industry, Iness, or establishment lo 11 11 11 11 11 11 11 11 11 11 11 11 11	(Duration) yrs. mos. ds.
9 B	RTHPLACE tate or country) Maryland.	Contributory (Secondary) (Deration) yrs mos ds.
	10 NAME OF FATHER ISAAC Griffith	(Signed) Victis Dunilles L , M. D. 4428, 1913 (Address) /reg ma
OF FATHER		*State the DISEASE CAUSING DEATH OF In deaths from Vicinius
PARE	12 MAIDEN NAME OF MOTHER Eliza Curtis.	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Ma,	13 BIRTHPLACE OF MOTHER (State or country) Maryland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place ic the cof death yrs. mos. ds. State yrs, mos. ds.
	(Informant) Mrs. W. C. Griffith	Where was disease contracted, If not at place of death? Former or usual residence
15	(Address) # 40 S. Cannon Ave.	Apl. 30 ,191 3
Fil	ed #29 1913 Steiny News	C. M. Suter & Son Hagerstown, Mo

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-(a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ample: Measles (disease causing death), 29 nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of __ Bronchopneumonia (secondary), 10 ds. Never report The contributory tctanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for "Exhaustion," Examples: HOT VIO-



Ø

B ż

that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be

RECORD

See instructions on back of certificate. Important.

5319



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3/0

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE Saingle, Lingle Widoweb, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased them
Ougust 9th, 1889. (Month) (Day) (Year)	for year, 191 to afre 19, 1913. that I last saw have alive on Arr. 19, 1913
7 AGE If LESS than 1 day,hrs. 2 3 yrs. 5 mos. 2 ds. ORmin. ?	and that death occurred on the date stated above, at
e occupation (a) Trade, profession, or particular kind of work. Day Labor	6
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Wash. Co., Ind.	Contributory (Secondary) (Duration) yrs, mos. ds.
11 BIRTHPLACE GENTAL D. Grim OF FATHER (State or country) Wash. Co., Md.	(Signed)
12 MAIDEN NAME OF MOTHER annie F. Stuff.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Wash. Co., Mach. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Peggan & Walters	At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, it not at place of death? Former or
(Address) Starper's Ferry M. J. R. #1.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL ADDRESS 1/4
Filed Trul 22 M, 1913 Mma Lo Journal Registrar &	John Medrthus Boliver va

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer--('oal "Manager," "Dealer," etc., without more precise spectstatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Mousewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Tuerperal scotichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) scpsis, tctanus) Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convuisions," "Dehility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock." "Senile." etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of 'Traemia," "Weakness," (name origin; "Can death), 29 ds.: Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HECEIVED

NAY I 1918

BUREAU, V.S.

MARGIN RESERVED FOR BINDING

S. No. 1.

7

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 IS WRITE PLAINLY, WITH UNFADING INK-THIS

county Washington 5320	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 322
Village or City Hagerstown (No Wash 2FULL NAME Mrs Emm	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
CMonth) (Day (Year)	Mar-31-, 1913, to april 6-, 1913, that I last saw here alive on april 5-, 1913
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 40, m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Destroy Clearing a for alun (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Md -	Contributory Molatettinas Secondary (Duration) yrs mos ds
10 NAME OF FATHER John H. Hark 11 BIRTHPLACE OF FATHER (State or country) MU 10 NAME OF FATHER MORE OF FATHER OF FAT	(Signed) Peregnice Wrotte . M. B. 4/7 , 1913 (Address) Bagistowing
of Mother Cornelia Stouffer	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) MAC	At place of death yrs. mos. 22 ds. In the State Af yrs. 1 mos. 21 ds Where was disease contracted.
(Informant) Character (Informant)	former or usual residence. Chewsville, mul
16 Filed 4/8 , 1913 Houry Davis,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL REGULATION 1913. 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto, Requesting V. S. No. A.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second essary to know (a) the kind of work and also (b) mine, etc. Women at home who are engaged in the duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or Industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. ness of various pursuits can be known. The question gainfully employed, as At school or At home. "Mauager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinuer, (b) Cotton/mill; (a) Salesman, who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborcr," Farmer (retired 6 yrs.) As examples: For persous "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. injury, as fracture of skull, and cousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) The contributory "Old Age," "Shock," "Uracmia," "Weakness," tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under (secondary or intercurrent) State eause for the head Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

PLACE OF DEATH 5321	STATE OF MARYLAND
County Washing fore	CERTIFICATE OF DEATH Registration Dist. No. 305
Village or City Strustovero (No.)	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Terrale White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY GERTIFY, That Lattended deceased from
Month) (Day) (Year)	that I last saw h & allve on afril 6 5, 1913,
TAGE it LESS than 1 day, hrs. ORmin.? 6 OCCUPATION (a) Trade, profession, or particular kind of work. Accupation	and that death occurred on the date stated above, at 7 m, The GAUSE OF DEATH* was as follows: Yeursh Delielity unt
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) MATALLACE (State or country)	(Ouration) yrs. mos. / O ds. Gontributory (Secondary)
OF FATHER OF FATHER OF FATHER OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF FATHER 12 MAIDEN NAME	(Signed) (Si
of Mother Calharme Etree 13 BIRTHPLACE OF MOTHER (State or country) Mary Lunce 14 THE ABOVE IS TRUE TO THE EEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs mos. ds Where was disease contracted, if not at place of death?
(Interment, Mentle Larledoy (Address) Mapleville, Md.	Former or usual residence
File Pfiel 9, 1913 Seo M. Stover S. REGISTRAR	20 UNDERTAKER TBast Brownshus Mu
/ If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or indust, i; and therefore an cases, especially in industrial employments, it is neccated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Sealthfulwho have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons 6

Statement of cause of death—Name, first, the dibeable causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia schsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homielde; Polsoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage. as "Puerperal scptichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Arampie: Meastes (disease causing affection need not be stated unless important. nant neophisms); Measles; Whooping-cough; Chronic ter" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of .. ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory Aiways qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may be stated under the head "Convuisions," "Debility" ("Con-(secondary or intercurrent "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.; State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HPCEIVED

MAY 5 1913

BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

1 PLACE OF DEATH 5322	STATE OF MARYLAND
County Mashington	CERTIFICATE OF DEATH
7/ 1:00	Registered No.
Village or City Mudys ville (No. 1 M.) 2 FULL NAME Mary Ellen 1	St.; Ward) [It death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Funally Hitz (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
© DATE OF BIRTH 4 30 1833	March 2 (To 3, to Ope 31), 1913.
(Month) (Day) (Year)	that I last saw h. M. alive on Upv - 3 ,191 3
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at
9 yrs. 1 mos. 2 ds. OR min.?	The GAUSE OF DEATH * was as follows:
GOCCUPATION (a) Trade, protession, or particular kind of work.	Elimie Francis
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Quration) yrsmosds.
State or country) Kradysville mal	Contributory (Secondary) (Dugation) yrs mos, ds
10 NAME OF John Hoffman	(Signed)
Z (State or country) Kundys will me	affil 4 , 1913 (Address) / Letterfamilian
L 12 MAIDEN NAME OF MOTHER OF	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) (wach s villy me	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) & H Hoffman	Former or usual residence.
(Address) (Knadys villa, Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed april 4, 191 3 HHS immerque	20 UNDERTAKER CL Sum and CD Kundysvill
If more blanks are needed, address State Registrar, 6	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at heginning of ilibeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; ness of various pursuits can be known. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stutionary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will he sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may he indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons The question

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned mia," "PUERPERAL peritonitis," etc. State Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childhirth or miscarriage, as "PUERPERAL scptichaecause. Always qualify all diseases resulting from genltai," etc., when a definite disease can he ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mailgmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) Meastes (disease causing death), 29 "Senile," etc.), may he stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-Examples: cause for For viod8.;



PLACE OF DEATH 5323	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Haguston (No. 6 6 C	Registered No. 302 [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Chril. 15, 1913, to Chril. 21, 1915, that I last saw here alive on Chril. 21, 1915
7 AGE It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	General Paralysis - fallessing by Landin yrs. mos 3 ds. Contributory Chranic Nephetics (Secondary)
10 NAME OF FATHER OF Lamowher 20 OF FATHER (State or country)	(Signed)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) A 13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
(Informant) Rolf all 1	Where was disease contracted, It not at place of death? Former or usual residence
Filed 4/25 1813 Herry Davis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER Wather Murich Hag. Hd
of more blanks are needed, address State Registrar, 6.	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In all always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) sepsis, tetanus) may be stated under the head of cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for by carbolic acid-probably suicide. The nature of the childblrth or mlscarriage, as "Puerperal septichae-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanitlon," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ___ is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," ... (name origin; "Can-"Exhaustion," Examples: ds. ;



statement PERMANENT EXACTLY. stated classified. 4 should THIS properly AGE supplied. pe FADING may carefully that WITH terms should PLAINLY, plain Information = of Inford

certificate.

ō

back

0

See Instructions

Item OF important. CAUSE (

00 z

÷.

No. 202

state Very

YSICIANS should OCCUPATION IS

of

PHYSICIANS

RECORD

5324 1 PLACE OF DEATH County Un Shezza Come Village or City..... PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, LO ORDIVERCED (Write the word) 6 DATE OF BIRTH (Day) (Month) (Year) It LESS than 7 AGE 1 day, hrs. BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE ENT OF FATHER (State or country) PARI 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, WILLOWARD ORDIVERCED (Write the word)	Month) (Day) (Year)
IRTH 1874. 1874.	that I last saw h land alive on Chr. /4 1913.
(Month) (Day) (Year) it LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
on ssion, or of work	Culosis of the Lung
stablishment in (or employer) untry) washington MA	Contributory Ow gus no lewsty (Secondary)
E OF HER LICE LIGHT LINES OF	(Signed) (Duration) yrs. mos. ds. (Signed) L. Ly Survit., M. D. Ph. 14, 1913 (Address) Pherfoling by
EN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
HPLACE OTHER OT COUNTY)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
JE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death? Former or usual residence
(ss) Jarpers Flage ba Rol	Ilmple Manon Apr. 16 , 1813
il 15-1913 OM Deforensteria	Pohn elecarthin Bohrus
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciduties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulwho have no occupation whatever, write None (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," "Foreman," Farmer or Planter, For persons (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

mus," ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purepreal septichaeetc., when a definite disease can he ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably -Kart failure," "Haemorrhage," "Inanition," "Maras mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malls. The contributory (secondary or intercurrent) "Old Age," "Shock," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," 'Uraemia," "Weakness," (name origin; "Can death), 29 ds.; Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

i.
No.
80
Þ

	N. B.—Every Item of Information should be esrefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
^	PATI
ORI	CCU
REC	of o
1	Y. F
NEN	CTL
MAI	EXA t st
ER	Exac
A	e sta
IS	ld bi
HIS	shou y cis
F	GE
X	d. b
9	pplie ay b
ADI	y su t m
N	hat i
) T	80. t
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	d be
۲, ۷	teri on b
INL	ion plain
PLA	i in
三	Info
/RIT	F DE
5	Every item of information should be esrefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.
	AUS
	Z.

state

1 PLACE OF DEATH 5325	STATE OF MARYLAND
County/ Washington	CERTIFICATE OF DEATH
	Registered No. 316
Village or City Pleasurt Vallage	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME CENTERSELLY	torils)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, WARRIED, WINGERED,	(Month) (Day) (Year)
B DATE OF BIRTH 2 LF 1013	17 I HEREBY CERTIFY, That I attended deceased from Mil 5 , 1913, to 9 the , 1913,
(Month) (Day) (Year)	that I last saw her allve on Jane 9 113.
7 AGE It LESS than 1 day,	and that death occurred on the date stated above, at
BOCCUPATION (a) Frade, protession, or particular kind of work	Musamus
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration)yrsmos6 ds.
9 BIRTHPLACE (State or country) Plesout Vallie and	Contributory (Secondary) (Buration) yrs mos ds.
10 NAME OF Samel & Jones	(Signed) MSKefaccer , M. O.
11 BIRTHPLACE (STATHER (State or country) Wen Hagerstorn Mel 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
a Adde Louis	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place in the ot death yrs. mos. ds. State yrs. mos. ds.
(Informant) Sauce of My Knowledge	It not at place of death? Former or usual residence
(Address) Smithsbury md	Place of Burial or REMOVAL DATE OF BURIAL Place of Burial or REMOVAL OFFICE 1913
Filed afril 10, 1913 De Fragusons Registran	Benja H. Moune Olmskabuse
Af more blanks are needed, address State Registra	ir, 6 E. Franklia St., Balto., Requesting S. S. No. 1.

ン・ハ・ハ・ハ・ノ

0

しょうしゅう しょう

[Approved by U. S. Census and American Public Health
Association.]

skatement. cated thus: Farmer (retired 6 yrs.). should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Tuber for "Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuber for the disease of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puerperal septichaeinus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by eurbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-aech ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Examples:



4 UNFADING INK-THIS IS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH

5326 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF

DEATH Registration Dist. No...

Village or City Hager Sown (No. Was.	L. Co. Nersfutal st.; 3 Ward) [If death occorred in a hospitat or lostitution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX, 4 COLOR OR RACE 5 SINGLE, MARRIEO, MIDOWEO, WIDOWEO, WIDOWEO, WIDOWEO, WIDOWEO, WIDOWEO, WITH the WORD) 8 DATE OF BIRTH April 1913 (Month) (Day) (Year)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended decreased from final 1913, to april 16 ch 1913, that I last saw h. A alive on april 16 ch 1913
TAGE If LESS than t day,hrs. ORmin. ? COCCUPATION (a) Frade, protession, or particular kind of work	The CAUSE OF DEATH was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Duration) yrs. mos. ds.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 4 Broadway (Address) 13 4 Broadway 15 Filed 1913 Registrar	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if out at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PLACE OF BURIAL PROPERTY ADDRESS 20 UNDERTAKER ADDRESS 18 E. Franklin & Relia Requesting V & No.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lodar pneumonia; Bronchopneumonia ("Fneumonia," unqualified, is indefinite); Tudereulosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitts," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chrosio oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig-The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing (secondary or intercurrent) (name origin; "Candeath), 29 ds.; State cause for "Exhaustion," Examples: For VIO



1 PLACE OF DEATH	STATE OF MARYLAND
county Washington 532	CERTIFICATE OF DEATH
Janowoung V	Registered No. 3/0
Village or City Fromsveller (No	St.; Ward) [It death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
John ale Colorid of Wilder of Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH (Month) (Day)	
	If LESS than and that death occurred on the date stated above, at 155 Am The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in	Duber orloses of leng to borrows (Duration) yrs. mos do
9 BIRTHPLACE (State or country)	Contributory (Secondary)
on 11 BIRTHPLACE	(Signed) J. J. J. (Address) Brownsoulle
Constant Country Carrol Co	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Browns will	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS or RECENT RESIDENTS) At place in the ot death yrs. mos. ds. State yrs, mos. ds.
(Informant) Sarah Hill	Former or usual residence.
16 Ab 10th 0 mol	- Mid 19 PLACE OF BURIAL OR REMOVAL 2 DATE OF BURIAL DILLS ME ACTIVITY, 1913.
	REGISTRAR CL Suman + Co Kayonsvel
12 more blanks are needed, address State	Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

ness. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged lu domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causaling death—in the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) tctanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of and a ssociation.) (name origin; "Can-State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD FOR BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS RESERVED MARGIN W. B. No. 1.

1 PLACE OF DEATH 5328	STATE OF MARYLAND
1161:1-	CERTIFICATE OF DEATH
County Washington	Registration Dist. No. 302
Village or City Hugerslown (No. 4)	st.; 3 Ward) [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	16 DATE OF DEATH Charles 111 2
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVERCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	4/3, 191.3, to 4/14, 191.3,
(Month) (Day) (Year)	that I last saw h. A. alive on 41.2 1913
AGE It LESS than	and that death occurred on the date stated above, at 7 2 8 / m.
1 8 yrs. 4 mos, 2 9 ds. or	The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Frade, prefession, or	Jahumen Lule Caller,
particular kind of work.	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mes ds
BIRTHPLACE (State or country) Mary found U.S.	(Secondary) (Doration) yrs mos ds.
10 NAME OF Samuel Lyon	(Signed) Ville Muller M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of deathyrs,mos,ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Interment) Samuel Lon	ft oot at place of death?
(Address) 252 Frederic's Sh	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
6 4/ It	HEbrew Crus Holf May 4/15 1913.
Filed 7/14-, 1913 / Yeury Davis REGISTRAR	20 UNDERTAKER ADDRESS 32 CO M. Lunch
If more blanks are needed, address State Registra	er, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative meaithfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (g)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciascpsis, tctanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "Purrerran septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Can-"Exhaustion, For VIOda.;



V. S. No. 1.

RECORD	PHYSICIANS should state to of OCCUPATION Is very	V
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	3 SEE S D S O S O S O S O S O S O S O S O S O
WRITE PLAINLY, WI	N. B.—Every Item of information should be carefully su CAUSE OF DEATH in plain terms, so that it me important. See instructions on back of certificate.	14 TEN 12

	1 PLACE OF DEATH	STATE OF MARYLAND	
Go	unty Washing tou 5329	CERTIFICATE OF DEATH	
		Registration Dist. No. 301	
Vi	liage or City Playerstone (No. 937	Thrankline St.; 6 Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]	
	FULL NAME MAS MACLE	aug	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 5 5	x 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH April - 1913 (Month) (Day) (Year) 17	
6 D	ATE OF BIRTH	mch. 30 1913 to april 1 1913	
	(Month) (Day) (Year)	that I last saw her alive on afril 1 1913	
7 A G		and that death occurred on the date stated above, at / Pmm,	
	3.3 yrs. 3 mos. 29 ds. or min.?	The CAUSE OF DEATH * was as follows:	
(0)	Trade, profession, or House Mife	Septireuren	
(b) busi	General nature of industry, ness, or establishment in ch employed (or employer)	Gentributory Incomplete abortion grs. 3 ds.	
9 BI (Si	RTHPLACE ate or country) Mary Just	(Secondary) Sufficients (Secondary) Sufficients (Duration) yrs. mos. 5) ds.	
	10 NAME OF JA Lechilder	(Signed) Derstreisley, M. D.	
TS	11 BIRTHPLACE OF FATHER	april 2, 1913 (Address) Hay evolute M. d	
PARENTS	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCINENTAL, SUICIDAL, or HOMICINAL.	
PA	13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HORPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death	
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
	(Interment) Georg & Mounty	It not at piace of death? Former or usual residence	
	(Address) Rogerstone med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15 Fil	ed 4/2- 1913 / Derry Davis	20 UNDERTAKER ADDRESS	
	If more blanks are needed, address State Regis trar, 6	Todayman na justout	
	it more bianas are needed, address finite negls trar, 6	D. Plausin St. Bailo., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can he known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer. first line will he sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative acaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has

Statement of cause of death—Name, first, the disease causing death—In always the same accepted time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerc-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purereral scottchae cause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acclsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras. genital," "Senile." etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not he stated unless important. valvular heart disease; Chronic interstitial nophritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mails The contributory (secondary "Old Age," "Shock," (Recommendations on statement of may he stated under the head "Dropsy," "Exhaustion," 'Traemia," "Weakness," (name origin; "Can or intercurrent State cause for Never report Examples:



PHYSICIANS RECORD statement PERMANENT roper AG Z supplied. rms, plai Information

of back

Instructions

Important. Every 1

ATH

OF

Item OF

z

OCCUPATION

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 4 [If death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED WIDOWED. (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 191 to. alive on (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Trada, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory (Secondary) (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, of in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. ___ Where was disease contracted. if not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTA ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative weaithfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—name, affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc., Carcinosei causing the control of the con

injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purrerral scottchaemus," "Old Age," "Shock," "Traemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as cause. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... Is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all discases resulting from "Senfle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report Examples: 01



MARGIN RESERVED FOR BINDING

RECORD ス山 RMAN Ш Ξ UNFADIN of informat DEATH in See instruct Every item CAUSE OF important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF Vacleur DEATH Registration Dist. No Tif death occurred in a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED. (Month) (Day) ORDIVORCED HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: min. ? BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Gontributory !.... 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER mos. ds. Where was disease contracted. 14 THE ABOVE IS if not at place of death? usual residence BURIAL OF DATE OF BURIAL 15 . 20 UNDE If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

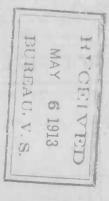
Mod.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The questlou tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcin-

oma. Sarcoma. etc., of .. ture of the American Medicai Association.) cause of death approved by Committee on Nomencia sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. childbirth or miscarriage. as "Puzzperal scptichac etc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debilty" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ampie: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Revolver wound of head-homicide; Poisoned "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.: State cause for Examples:



No. 202 :

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 S UNFADING INK-THIS WRITE PLAINLY, WITH

County Manuage of DEATH County Manuage of DEATH Registration Dist. No. 302		
Village or City Hagerstown (No 722,	Mard) [It death occurred in a hospital or institution, give its NAME Instead of street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
13 SEX. 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, With the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from	
S DATE OF BIRTH July 29, 1869. (Month) (Day) (Year)	that I last saw h alive on apr. 20, 1913.	
7 AGE if LESS than t day, hrs. 43. yrs. 8. mos. 2/ ds. QR. min.?	and that death occurred on the date stated above, at 6.3. A.m., The CAUSE OF DEATH* was as follows:	
SOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	bronchial valant, punched dicatation of lithes yrs. 6 mos. ds.	
9 BIRTHPLACE (State or country) Maryland.	(Secondary) (Duration) (Duration) yrs. 6 mos. ds.	
11 BIRTHPLACE OF FATHER 11 BIRTHPLACE OF FATHER W 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Address) (Addres	
13 BIRTHPLACE OF MOTHER (State or country) Maryland -	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death	
(Informant) Comme My Knowledge	If not at place of death? Former or usual residence.	
(Address). 72.2 Saleur Cive, City, Filed #123 191.3 Fally Davis REGISTRAR Of more blanks are needed, address State Regis trar, 6	19 PLACE OF BURIAL OR REMOVAL JOSE Hill Cemetery (JAN. 23	

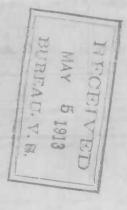
ma-

[Approved by U. S. Census and American Public Health Association.]

-statement. Manager," "Dealer," etc., without more precise speciof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the husiness or indust, j; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can he known. The question who have no occupation whatever, write None. it should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa If retired from business, that fact may be indithus: Farmer (retired 6 yes.). Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

which surgical operation was undertaken. mia," childbirth or miscarriage, as "PUERPERAL scptichaceause. ample: Measles (disease causing ture of the American Medical Association.) eause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Mara" genital," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasins); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of "Contributory." mere symptoms or terminal conditions, such as "A" is less definite; avoid use of "Tumor" for mail? The contributory (secondary or Intercurrent) "PUERPERAL peritonitis," etc. State cause for "Old Age," "Shoek." Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of "Traemia," "Weakness," (name origin; "Candeath), 29 da. Examples: 10



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

ch	1 PLACE OF DEATH 5333	7	STATE OF MAR CERTIFICATE O	
1	1 Me	2//	Registration Dis	t. No. 30 3
Vi	liage or City Hay Ette (No	veu	St.;Ward)	[If death occurred la a hospital or institution give its NAME Instead of street and number.]
+	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF	DEATH
3 SE		18 DATE OF D	(Month) I HEREBY CERTIFY, That I	(Day), (Year)
6 D A	MOL- 9, 1849. (Month) (Day) (Year)	that I last saw		4/11 1913
7 AG	If LESS than 1 day, hrs. OR mln. ?	and that death The CAUSE Of	occurred on the date stated as F DEATH* was as follows:	bove, at 4 A m
(a) par (b) bush	Trade, profession, or circular kind of work General nature of Industry, ness, or establishment in the moloyed (or employer)		(Duration) 2	yrs. — mos. — ds
9 BI	RTHPLACE ate or country) Mary land	Contributor (Secondary	(Buratian)	Vrc mae de
	10 NAME OF Sacul & Moiren	(Signed)	Jan Scholale Masen	Jaco H. D
ARENTS	of FATHER (State or country) may fauld was	*State the	DISEASE CAUSING DEATH, or, In the control of the co	deethe from Vrosmus
PAR	12 MAIDEN NAME Sus au Johnstiere		F RESIDENCE (FOR HOSPITALS, I	
	13 BIRTHPLACE OF MOTHER (State or country) May land HE AROVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yr Where was diseas	s mos ds. State	yrs, mos, ds
	Informant, The Late of the Best of My Knowledge	if not at place of Former or usual residence		
15	(Address) Ryette Mid	19 PLACE OF	Firshing and	PATE OF BURIAL
	ed Apr 1918 David & Mills	20 UNDERTAL	1	ADDRESS Hayers Lowe
	If more blanks are needed, address State Regis trar, 6	E. Franklin St.	Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. it should he used only when needed. As examples: the nature of the husiness or indust y, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,

Statement of cause of death—Name, first, the disease causing death—In a fection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcin

cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrereal scottchaeetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 de.: ture of the American Medical Association.) scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viogenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritik nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ... ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "Old Age," "Shock." Aiways qualify all diseases resulting from (Recommendations ou statement of may be stated under the head 'Traemia," "Weakness," (name origin; "Can-Examples:



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSTCHANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

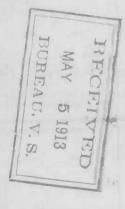
Village or City Mapleville (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 305 St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7 sex 4 color or race 5 smett. White who will be word)	16 DATE OF DEATH (Month) /2 , 1913 (Month) (Day) (Year)
G DATE OF BIRTH Oct S , 1.836. (Month) (Day) (Year) 7 AGE It LESS than 1 day,hrs.	that I last saw har alive on a stated above, at 2-30 pm. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Mary Ean of	Contributory (Secondary) (Duration) yrs mos ds
10 NAME OF FATHER OF FATHER OF FATHER OF FATHER (State or country) Mary land	(Signed) 2.J. Smith, M. D. On 12, 191 3. (Address) Josephson, M.L. *State the Disease Causing Death, or, in deaths from Violent
12 MAIDEN NAME OF MOTHER CAMPE COMMENTER 13 BIRTHPLACE OF MOTHER (State or country) MARY CAMPE 13 BIRTHPLACE OF MOTHER (State or country) MARY CAMPE	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death
(Informant) Mrs TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Williamsfut MC	19 PLACE OF BURIAL OBJREMOVAL DATE OF BURIAL ROCKY Ridge Mel Offil 14, 191. 3 20 UNDERTAKER WILLIAM Float Boonsbro Mel
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise speci-Gracery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative mealthful-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, pertionaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." schsis, totanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "Turrerral schtichaeetc., when a definite disease can he ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchonncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . "Heart failure," "Haemorrhage," "Inanition," "Maras ter" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Sentle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Examples: 2



certificate.

See Instructions on back of

important.

m ż

RECORD

Washington

County...



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

allower of the stown Pike about (A. miles, from Hagerstownst; --- ward)

[if death occurred in a hospital or iostitution, give its NAME lostead of street and number.]

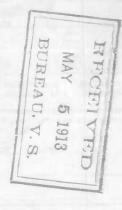
	Full Name John D. Oswald.	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE Single, MARRIED, WIDDWED, ORDIVORCED (Write the word) single	16 DATE OF DEATH (Month) (Day) (Year) 17 / I HEREBY CERTIFY, That I allered deceased from
	TE OF BIRTH	
	August 19 [#] , 1883. (Month) (Day) (Year)	that I last saw hairs after on a Color of 1913
7 AG	E	and that death occurred on the date stated above, at #500 m. The CAUSE OF BEATH was as follows:
(a)	CUPATION Frade, profession, or None lcular kind of work.	Stull automillie
bush	General nature of Industry, ess, or establishment io $None$ hemployed (or employer)	(Duration) yre nos ds.
9 BI (St	ate or country) Maryland.	(Secondary)
	George B. Oswald.	(Signed) The Futting Common as
ENTS	11 BIRTHPLACE OF FATHER (State or country) Haryland.	*State the DISEASE CAUSING DRATH OF, In deaths from VIOLENT
PARE	of Mother Lillian Gumbert.	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Maryland.	OR RECENT RESIDENTS) At place lo the of deathyrs mos ds. Where was disease contracted.
	nformant)	If oot at place of death?————————————————————————————————————
15	(Address) Oak Hill Avenue.	Rose Hill Cemetery. Date of Burnal April 1913
File	4/11- 1913 Henry Davis	C. M. Suter & Son Hagerstown, Md
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Hart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purnereal septichacetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; State cause for Examples: For VIO-



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE

8. No.

N. B.

1 PLACE OF DEATH		STATE OF MA	ARYLAND
1/60 1 -/ . 58	336 -/ 18	CERTIFICATE	OF DEATH
County Washington	The same of the sa	Registration	Dist. No. 307
Village or City Rohrersrell * FULL NAME Sohn J	1011	St; War	[it death occurred in a hospital or institution, give its NAME Instead of street and nomber.]
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE	OF DEATH
		16 DATE OF DEATH	,
MARRI WIDOW OF DIVIS	ED, willow	(Month) 17 I HEREBY CERTIFY, That	(Day) (Year)
6 DATE OF BIRTH			
may	7 1836	that I last saw hear allve on Africa	
(2204)	(Day) (Teal)	01/1:	
7 AGE	If LESS than I day,hrs.	and that death occurred on the date state	d above, at 2300 m,
76 yrs. 10 mos. a		The CAUSE OF DEATH * was as follows:	
BOCCUPATION		Gameral Delality	
(a) Trada, protession, or Retired Far	man!	MAID Englefalan	
(b) General nature of industry,	. K		
business, or establishment in Harmes which employed (or employer)		(Duration)	yrsmosds.
		Contributory Englefale	1
State or country) Wark. Co		(Secondary) (Duration)	
10 NAME OF THE FATHER	11	(Signed) C. D. Baker	. М. Л
on 11 BIRTHPLACE	Henberger	afra 4 , 191 3 (Address) Rolls	essallelis
OFFATHER (State or country) Wark.	00	*State the DISEASE CAUSING DEATH, OF	. In deaths from VIOLENT
12 MAIDEN NAME OF MOTHER 7/A		CAUSES, state (1) MEANS OF INJURY; as TAL, SUICIDAL, OF HOMICIDAL.	nd (2) whether ACCIDEN-
of MOTHER ann /h	omar .	18 LENGTH OF RESIDENCE (FOR HOSPITAL	INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Work.	0	At place In the	yrs, ds.
14THE ABOVE IS TRUE TO THE BEST OF MY	KNOWLEDGE	Where was disease contracted,	
informant, Ciclie Pollogulas		It not at place of death?	8 + 0 + 0 + + + + + + + + + + + + + + +
0 0 0	10 1	usual residence	
(Address) Rothers soll		19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
16	1 1	Svonslero	april 5 , 1913
Filed Of 6 1913 Cal Base	washamman with the control of the co	2º UNDERTAKER	ADDRESS
Lu	REGISTRAR	William Bast	Bounstoronic.
If more blanks are needed,	address State Registrar,	6 E. Franklin St., Baito., Requesting V. S.	No. 1.

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Illwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. applies to each and every person, irrespective of age. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulminc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dipneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carein-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerral septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of __ ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. Accidental drowning; Struck by railway train—acci-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-"Exhaustion," Never report Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1918
BUREAU, V.S.

ů

PLAGE OF DEATH JOST	STATE OF MARYLAND
County / Cashing lon	CERTIFICATE OF DEATH
	Registered No. 3/6
Village or City Kandys villa Mas	[It death occurred in
Village or City (No)	St.; ward) a hospital or institution,
19 A P	give its NAME Instead of street and number.]
FULL NAME COMON OF UN	<u></u>
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
Mah Hill SSINGLE, MARRIED, Married, WIDDWED, ORDIVERCED (Write the word)	(Month) (Day) (Year)
DATE OF BIRTH	17 9 I HEREBY CERTIFY, That I attended deceased from
12 27 1949	for Liverous to Munity , 191 ,
(Month) (Day) (Year)	that I last saw h was slive on Mur. 31 1913
AGE It LESS than	and that death occurred on the date stated above, at
63 yrs. 3 mos. 8 ds. ORmin.?	The CAUSE OF DEATH * was as follows:
OCCUPATION CONTRACTOR DESCRIPTION	Obstructive Toundes, prot
(a) Trade, protession, or	aff dul to Daluce of chel
particular kind of work (b) General nature of industry,	like Oraguous not Certain.
business, or establishment in	(Duration) Vrs. mos ds.
which employed (or employer)	Contributory
(State or country) 7 (andys villy Mod	(Secondary)
10 NAME OF	(Ouration) yrs. mos. ds.
FATHER DOMESTICAL PORT	(Signed) L. M. Furut, MD.
11 BIRTHPLACE 7/	9/m 4, 191 3 (Address) Lumbohry And
(State or country) Kundy ville had	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
OF FATHER (State or country) Kyndy ville Ma	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
Mary Month	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER	at place In the
(State or country)	ds. State yrs. mos. ds. State ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment) Lawryn Je 177	Former or usual residence
Kuholys wilk ha	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address)	I I'm ned Hal
AL H a SIMM.	20 UNDERTAKER ADDRESS
Filed William 191 3 REGISTRAR	704
If more blanks are needed, address State Registrar, 6	
	2. Flaband St., Barto., Requesting V. S. No. 1.

299W

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b) As examples: For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing deficient with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid--probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of causing etc. State cause for (name origin; "Candeath), 29 ds.; Examples:



PHYSICIANS RECORD PERMANENT classified. proper pe certificate. ō back pinous plain Instructions Information 5 DEAT See o Item 50 mportant. ы Every

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St.:....Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, (Dav ORDIVDRCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 20 (Day (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICINAL, OF HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death yrs. mos. ds. (State or country) State _____ vrs. ___ mos. Where was disease contracted. If not at place of death? usual residence.. PLACE OF BURIAL OR REMOVAL 15 A DRESS Flied_

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (0)

pneumonia"); lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia," brospinal meningitis"); Diphtheria (avoid usc fever (the only definite synonym is "Epidemic cereterm for the same discase. Examples: Cerebrospinal time and causation), using always the same accepted causing neath (the primary affection with respect to "Croup";) Statement of cause of death-Name, first, the DISEASE Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubercujever (never report "Typhoid

> nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaetheuia," "Anaemia" (merely symptomatic), "Atrophy." ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify us which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondneed in the data. It is the permanent of the continued before the certificate of a permanently filed.

MAY 2 1918 BUREAU, V. S.

Henri back to be eques

JUL 26 1913
BUREAU. V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

County Passengton 5339	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 314
Village or City Beg 1000 (No. 2 FULL NAME Samuel Roof	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SAINGLE, MARRIED, MODIFICAL Whole Write the word) 6 DATE OF BIRTH harch 3rd., 1839. (Month) (Day) (Year)	16 DATE OF DEATH CLASS (Month) (Day) (Year) 17 HEREBY CERTIFY. That I attended deceased from 1913, to that I last saw here allow on the last saw here allowed the
TAGE 74 yrs. 1 mos. 24 ds. or min.? **Soccupation* (a) Trade, profession, or particular kind of work. **Laborer:	and that death occurred on the date stated above, at 375 Pm, The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Sulvan Fa.	(Duration) yrs. mos. ds. Contributory (Secondary)
OF TATHER Wavid Roof 11 BIRTHPLACE OF FATHER (State or country) Unknown 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Property of the Causes, state (1) Means of Injury; and (2) whether Accidentate, or the Causes, state (1) Means of Injury; and (2) whether Accidentate, Suicidal, or Homicidal.
of Mother Conn G. Ready 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Connection (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) ** * 2 S Smallword St. Balto, In. 15 Filed	Jeans Bros & Co Clear Spring

[Approved by U. S. Census and American Public Health Association.]

wbo have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is necmine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. childbirth or miscarriage, as "Purperal septichaedent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-The nature of the Examples: cause for For VIOd8.



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Co	unty Washington 5340 January Hagerstown (No. 18	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 307 [It death occurred in a hespital or incitivities
	2FUL NAME Comine France	a hospital or Institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	unale. White . ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day), (Year)
6 D A	(Month) (Day) (Year)	that I last saw here alive on Pril 21, 1913.
7 AG	E It LESS than 1 day,hrs. - OR min. ?	and that death occurred on the date stated above, at 6 m. The CAUSE OF DEATH* was as follows:
(a) part (b) busin	CUPATION Trade, protession, or icular kind of work General nature of industry, less, or establishment in h employed (or employer)	Olsmetin, (Duration) yrs. mos. 2 ds.
9 811	att or country) Yosh loo Pa.	(Secondary) Contributory Oaccingon. (Secondary) Contributory Oaccingon. (Secondary) (Suration) yrs. mos. ds.
S	11 BIRTHPLACE GROSGE HUSON	(Signed) M. D. (Address) And Cashian M. D.
PARENT	OF FATHER (State or country) Josh Coo. C. a.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) York loo. Pa.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos. ds. State yrs, mos. ds. Where was disease contracted,
	Informant) Le Roser.	it not at piace of death? Former or usual residence
15 File	(Address) Hancock Md. 10 4/23, 1913 Henry Davis REGISTRAR	19 PLACE OF BURIAL OR REMOVAL ROSS Will Hagsstown Chril 23, 1913 20 UNDERTAKER SKELLS Sowman Hagsstown
	If more blanks are needed, address State Regis trar, 6	

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborercated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age tion is very important, so that the relative dealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." Farmer or Planter, As examples:

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

"Contributory." scpsis, tctanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Tuerperal scptichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrowie ture of the American Medical Association.) cause of death approved by Committee on Nomencia injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci--Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never repor etc. The contributory (secondary or intercurrent) oma. Sarcoma. etc., of _ is less definite; avoid use of "Tumor" for malig "Old Age," "Shock." (Recommendations on statement of "Dropsy," "Exhaustion," 'Traemla," "Weakness," (name origin; "Can death), 29 ds. Examples:



MARGIN RESERVED FOR BINDING

OCCUPATION PHYSICIANS RECORD o MANENT EXACTLY classified. properly AGE supplied. pe may certifica that 80 of terms, DEATH in plain See instructions plain OF CAUSE OF Important. 0 Z

8

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred to St.;....Ward) a hospital or institution. give its NAME instead ot street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COROR OR RACE MARRIED. WIDOWED. (Month) ORDIVERCED (Write the word) (Day) I HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day) (Year) TAGE It LESS than and that death occurred on the date stated above, at 1 day, hrs. OR ? 8 OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) Contributory State or country) (Secondary) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death yrs. mos. ds. State yrs. ____ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE it not at place of death? Former or (Intermant) usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) .. 15 ., 1913 20 UNDERTAKER ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tudereutosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puzzement septichae-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 19 1913
BUREAU. V. S.

S. No. 1.

-

N. B.—Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 5342	STATE OF MARYLAND
5160	CERTIFICATE OF DEATH
Gounty V annu 9 Cou	Paristration Dist 114707
	Registration Dist, No.
Village or City Coyelstone (No. 122,	Fee St.; 3 Ward) [It death occurred in a hospital or institution,
	give its NAME instead
FULL NAME MANY Aun Shup	of street and number.]
FULL NAME //LAWY /ACCC ACCOUNTS	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED, Married	(Month) (Day) (Year)
remale White (Write the word)	
DATE OF BIRTH	Hereby Certify, That attended deceased from 1912 to 20 1913.
Leec 3 1853	M 10 -
(Month) (Day) (Year)	that I last saw had alive on
AGE It LESS than	and that death occurred on the date stated above, at
37 yrs. mos./ ds. or. min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION	
	Y ulmaney lu treulous
(a) Trade, profession, or Youse Wifs	
(b) General natore of industry, business, or establishment in	- (/ (Duradian)
which employed (or employer)	Ouration) yrs. mos ds.
BIRTHPLACE (State or country)	(Secondary)
(State or country) May and	Leoth (Quration) yrs. / mos. ds.
10 NAME OF	
FATHER DUINE MANNE	(Signed) , M. D.
O 11 BIRTHPLACE	4/2/, 191.3 (Address) Jayore Enterpres
Z OF FATHER (State or country) M NAME OF STATE O	State the DISEASE CAUSING DEATH, op, in deaths from VIOLENT
M 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Jadea Rowland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
OF MOTHER (State or country) Mary Land	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
the table of	If not at place of death?
(Informant), OMNISTALL SHIPPS	usual residence
(Address) Ragerstown mel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
AUDIESS)	Rougeston Suit Abril 22
4/hn a American	20 UNDERTAKER ADDRESS
Filed / A 191 3 REGISTRAR	de foul
	To Proposition Regerstain
if more blanks are needed, address State Regis trar, 6	D. Franklin St. Kalto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal material worked on may form part of the second it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. wbo have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative dealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage, as "Purbreal scptichacmia," "Puedpeaal peritonitis," etc. State cause for mus," "Old Age," "Shock." genital," "Senile," etc.), "Dropsy," "Exhaustion,"
"Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrosic oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Senile," etc.), may be stated under the head (Recommendations on statement of "Traemia," "Weakness," (name origin; "Candeath), 29 ds. Examples:



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

1 PLACE OF DEATH 5343	STATE OF MARYLAND
County Mashington	CERTIFICATE OF DEATH
11 to anyone	Registered No.
Village or City Hagesslams (No.	Ward) [It death occurry a hospital or institution of the line of
FULL NAME John H	Sleek of street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WOOWEO, Married ORDIVORGED	16 DATE OF DEATH (Month) (Day) (Year
S DATE OF BIRTH A 10 10 10 10 10 10 10 10 10 10 10 10 10 1	17 I HEREBY CERTIFY, That I attended deceased fi
(Month) (Day) (Year)	that I just saw have alive on for 4 ,191
⁷ AGE It LESS than	and that death occurred on the date stated above, at 3 P.
67 yrs. 6 mos. 29 ds. ORmln.?	The CAUSE OF DEATH * was as follows:
BOCCUPATION (a) Trade, profession, or perticular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Laten with holomore Orallong yrs mos/2/2
9 BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF John Slich	(Signed) P S mos 73 /2
OF FATHER (State or country)	191 3 (Address) All San State the District Control of the District Control of the District Control of the Contr
12 MAIDEN NAME OF MOTHER Politicate Shoots	State the DISEASE CAUSING DEATH, or in deaths from VIOLES CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE TAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENTS) At place in the ot death yrs
(Interment) Men Single	Where was disease contracted, it not et plece of death?
Hand- Mid	usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) & gestion of the	Prose bill Chementery 4/8 191
Filed 7/5 1913 Hung News	20 UNDERTAKER ADDRESS
11) more blanks are needed, address State Registrar, 6	E. Franklin St., Balto, Requesting V S. No. 1

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of ill-Servant, Cook, Housemaid, etc. If the occupation has "Manager," "Dealer," etc., without more precise speciheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations galufully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal who receive a definite salary), may be entered as mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—it respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtherta (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may he stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage, as "Putereral septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," oma. Narcoma. etc., of ______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of

RECORD PERMANENT cia properi INK supplied. UNFADING certificate. of WITH terms, n back ATH in plain O OF CAUSE OF Important. Every

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 302 Ilf death occurred inWard) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH S SINGLE. 4 COLO'R OR RACE MARRIED, Oung ORDIVORCED (Write the word I HEREBY CERTIFY, That I attended deceased from (Month) (Day TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or none_ particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) yrs. mos. ds. which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF W ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJUST; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death _____ yrs. ____ mos. ____ ds. State yrs mos. Where was disease contracted. If not at place of death?-Former or usual residence. OF BURIAL OR REMOVAL 15 20 AUNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 19

[Approved by U. S. Census and American Public Health Association.]

* statement. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. mus," "Old Agc," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertalned as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report

OCCUPATION

statement

classified.

roperly

may

term:

plai

=

ATH

of DE

item OF

Every it

m Z

σ'n

supplied.

RECORD

5345 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give Its NAME Instead of street and number.] onald Fester MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO. WIDOWED, (Month) (Day) (Write the word) ! HEREBY CERTIFY, That'N attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) it LESS than 7 AGE and that seath occurred on the date stated above, at 1 day, hrs. 2 ds. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Buration) which employed (or employer) Contributor 9 BIRTHPLACE (Secondary certifica (State or country) 10 NAME OF (Signed) FATHER 10 ck S 11 BIRTHPLACE ENT OF FATHER.
(State or country) ba *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 2 12 MAIDEN NAME 4 OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE Al place In the OF MOTHER of death yrs. mos. ds. State yrs. mos. Where was disaase contractad. If not at place of death?. Former or usual residenca. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Pueeperal scottchaegenital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for cause. Always qualify all discases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Wcakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrttis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumer" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of may he stated under the head (name origin; "Can death), 29 ds. Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 5 1913
BUREAU, V.S.

OCCUPATION

statement

classified.

properly

AGI

supplied. pe

may

that

terms,

plain

=

EATH

Every item CAUSE OF Important.

00

item 9

m Z certifica

0

back

Instructions Information

RECORD

PERMANENT EXACTLY.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. fit death occurred in a hospital or institution. give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) ORDIVORCED (Write the word) CERTIFY, That I stiended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) It LESS than 7 AGE and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? SOCCUPATION (a) Trade, profession, or particular kind of work.... (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (Secondary (State or country) 10 NAME OF FATHER (Signedi 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in seaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. PARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER ot death yrs. mos. ds. State yrs, (State or country Where was disease contracted If not at place of death? Former or usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Regia trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative dealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman," (0)

pneumonia"); Lobar pncumonia; Bronchopncumonia causing prate (the primary affection with respect to "Croup"); term for the same disease. Examples: Ccrebrospinal time and causation), using always the same accepted ("Pneumonia," fover (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE offungs, meninges, peritonaeum, etc.. Carcinmeningitis"); Diphtheria (avoid use of Typhoid fever (never report "Typhoid unqualified, is indefinite); Tubercu-

> such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Tuerperal septichaemus," "Old Age," "Shock." cause of death approved by Committee on Nomencla sepsis, tetanus) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial negifitis nant neoplasms); Measles; Whooping cough; Caronic ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., oma. Sarcoma. etc., of _ is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of "Traemia," "Weakness," (name origin; "Candeath), 29 ds.

the certificate is permanently filed. ence. All the data is essential and must be obtained before tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all quo-



MARGIN RESERVED FOR BINDING

. N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

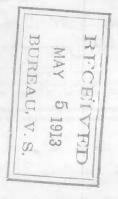
PLACE OF DEATH 5347	STATE OF MARYLAND CERTIFICATE OF DEATH
county / ashington	Registration Dist. No. 3.46
Village or City Har Emelia (No. 1. St.	St.; Ward) [It death occurred in a hospital or institution, give its MAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) 8 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I sttended deceased from
(Month) (Day) (Year)	that I last saw her alive on Charl 2 ,1913.
7 AGE 1 2 yrs 5 mos. 1 ds. or min.?	and that death occurred on the date stated above, at 25 m, The CAUSE OF DEATH* was as follows:
SOCCUPATION (a) Trade, protession, or particular kind of work	Juberculoses
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs 6 mos ds.
9 BIRTHPLACE (State or country) Deviled Fred lev.	Contributory
10 NAME OF FATHER Jahre M. Stottlemyn	(Signed) MDRefuser , M. D.
11 BIRTHPLAGE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENT
12 MAIDEN NAME OF MOTHER Elvan. a. Journ 13 BIRTHPLACE OF MOTHER (State or country) Fraguelle Fred Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds.
(Informant) July M. Stottlenger	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Sunty ong MS 16 Filed Opne 7, 1913 & Hyrguson Registran	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 18 PLACE OF BURIAL ADDRESS LEV. B. Hoover Swittenburg med
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—In all each of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionacum, etc.. Carcin-

childbirth or miscarriage, as "PUTEPTERAL septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis mant neopiasms); Measles; Whooping cough; Chronical oma. Surcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. "Contributory." is icss definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," (name origin; "Can "Exhaustion," Never report Examples: For VIO-



RECORD RMANENT ZOZO Ш 4 NX SERVE ADING AROIN

PHYSICIANS

EXACTLY

stated

pe

pinoda

AG

supplied.

pe

pinoda

Information

00

Item

m

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH CSICIANS should OCCUPATION IS Registered No. Ilf death occurred in St:Ward) a hospital or Institution, give Its NAME lustead of street and number.] 0 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE WIDOWED, N (Month) (Day) (Year) ORDIVORCED (Write the word) **GERTIFY**, That I attended Exact 8 DATE OF BIRTH classiffed. (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f day, hrs. OR min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, pe business, or establishment in may which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) (Secondary) that It 10 NAME OF FATHER 80 10 back 11 BIRTHPLACE terms, ENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-60 AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE ۳ At place In the OF MOTHER of death yrs. mos. ds. (State or country) State rrs. mos. DEATH Where was disease contracted. If not at place of death?. Former or OF usual residence. Important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every 15 20 UNDERJAKER ADDRESS If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as it should be used only when needed. the nature of the business or industry, and therefore an eases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preelse statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman."

Statement of cause of death—Name, first, the diblarbe Causing death—In any affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis

such, if impossible to determine definitely. eause of death approved by Committee on Nomenela injury, as fracture of skull, and consequences (e. g., dent; Revolver scound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ehlldbirth or misearriage, as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras. thenla," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing oma. Sarcoma. etc., of ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acciwhich surgleal operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig The contributory (secondary or Intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 State cause for "Exhaustion," Examples For vio-



Very

8 pinche

OCCUPATION

ō

statement

Exact

classified.

properly

may

that

80 50

plain

2

DEATH

Every Item CAUSE OF Important.

should

ormation

2

0

Item OF certificate.

back terms,

00

Instructions

stated

pe

pinous

AG

supplied. pe

UNFADING

AINLY

PHYSICIANS

RECORD

FNT EXACTLY

PERMAN

² FULL NAME

5349

STATE OF MARYLAND

CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or Institution. give its NAME instead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX S SINGLE. 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) HEREBY CERTIFY, That I attended, deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above 1 day,....hrs. The CAUSE OF DEATH* was as follows OR 7 BOCCUPATION (a) Frada, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE RENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, Or. In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 0 OR RECENT RESIDENTS) OF MOTHER (State or country) At place In the of death _____ yrs. ____ ds. State yrs, ____ mos. Where was disease contracted, 14THE ABOVE IS TRUE TO MYKNOWLEDGE if not at Blace of death?_ Former or (informant). L usuai residence DATE OF BURIAL (Address) 15 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. Ro. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second .. statement. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iii-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Civil engineer, Stationary freman, etc. But in many (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the diberable Caubing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nnqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carcin-

genital," childbirth or miscarriage, as "Purrereal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUTRPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," ampie: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Obronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malkoma. Sarcoma. etc., of _ "Contributory." which surgical operation was undertaken. mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chrowia Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-The nature of the "Exhaustion," Never report Examples: For vio-



PHYSICIANS should of OCCUPATION IS RECORD PERSONAL AND STATISTICAL PARTICULARS statement 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, Write the word) BINDIN Exact 8 DATE OF BIRTH classified. (Day) (Year) pe 7 AGE If LESS than 1 day,.....hrs. OR min. ? properly BOCCUPATION (a) Frade, protession, or ESERVED particular kind of work. supplied. (b) General nature of industry, be business, or establishment in may which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) that (Duration) 10 NAME OF FATHER 80 50 MARGIN back 11 BIRTHPLACE terms, ARENT OF FATHER pinous (State or country) Lo 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions OR RECENT RESIDENTS) _ 13 BIRTHPLACE At place OF MOTHER DEATH State or country _ yrs. mos. ds. Where was disease contracted. It not at place of death? ō Former or Item OF usual residence. Important. 19 PLACE OF BURIAL OR REMOVAL ш Every 15

REGISTRAR

5350

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilt death occurred in

a hospital or loslitution. give its NAME lostead of street and nomber.]

MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH* was as follows: arterior chileson (Duration) __ 2 Contributory Jemeral Edward State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, lo the State yrs. _____ ds. DATE OF BURIAL ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. Ng. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons 6

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Candeath), 29 State cause for Examples:



V. S. No. 1.

PLACE OF DEATH 53 County Washington.	851	STATE OF MARY CERTIFICATE OF Registration Dist.	DEATH 211
Village or City Hagerstown 2FULL NAME Char	W, No. 3/5, Lib	Colier. Ward)	[It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTI	ICULARS	MEDICAL CERTIFICATE OF D	EATH
6 DATE OF BIRTH CAPTIL /6 (Month) (D	or lugle. 17 24. (Year) (Year) (Hat I last	(Month) I HEREBY CERTIFY, That I at 3/28, 1913, to 4/3 saw h. M. alive on 4/3	1913
OCCUPATION (a) Trade, profession, or particular kind of work (b) General neture of industry,	1 day,hrs. The CAUS	eath occurred on the date stated ab E 95 DEATH* was as follows:	ove, at
business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) ### April 19 #	Gontrib (Second	outory (Duration)	yrs. 6 mos ods
10 NAME OF FATHER 11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	Hershuer 18 LENGT OR REC At place	(Buration) V. Ch. Blueke p. 13., 191 3 (Address) / 2 the DISEASE CAUSING DEATH, Or, in a state (1) MEANS OF INJURY; and (2) CIDAL, OR HOMICIDAL. H OF RESIDENCE (FOR HOSPITALS, INSENT RESIDENTS) In the	2) Whether ACCIDEN-
(Informant) (Address) 3/5 Liberty St.	Where was if not at pla Former or usual reside	of BURIAL OF REMOVAL	PATE OF BURIAL
Filed 4/4 . 1913 Clury	REGISTRAR 22UNDE	Feller downian F	Lagerstown
If more blanks are needed, address	s State Regis trar, 6 E. Franklin	St., Balto., Requesting V. S. No. 1.	" ruel-

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to tline and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," childbirth or miscarriage. as "Purrperal septichaemus," "Old Age," "Shock." thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulzions," "Debility" ("Con-Bronchonneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of _ is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of 'l'raemia," "Weakness," etc. State cause for (name origin; "Candeath), 29 ds. Examples:



	RECORD	PHYSICIANS should state t of OCCUPATION is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH 5352	STATE OF MARYLAND
County Hashington Hel	CERTIFICATE OF DEATH
County Mushington Mer	Registered No. 3. 0.1
VHIago or City Hagerstown (No. Su.	mmil, ave st; Ward) [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME Mary, En Wils.	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Jemale White Single, Single Willower, Willeman (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	par 1 191.11 to afr. 11 , 191.3.
(Month) (Day) (Year)	that I last saw h 12 alive on afr. 11 ,191 3
7 AGE If LESS than	and that death occurred on the date stated above, at
47 yrs. 4 mos. 22 ds. OR. mln.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION //	Juliuculosis
(a) Frade, profession, or House wisk	
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) 2 yrs 3 mos 10 ds.
BIRTHPLACE (State or country) Hashington low Mid	(Secondary) (Duration) yrs mos. / O ds.
10 NAME OF Daniel Hilson	(Signed) Wichardson, M. D.
2 11 BIRTHPLACE OF FATHER (State or country) Mashing for leve Mod 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Savilla Kewsomber	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Hashington Co Mid	At place In the of death yrs mos ds. State yrs mos ds.
(Informant) Matthew McColanahan	Where was disease contracted, If not at place of death? Former or
(Address) Williamisput Hed	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Mil ala & Bickand	20 UNDERTAKER ADDRESS ADDRESS

In Miller

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duttes of the household only (not paid Housekcepers stafement. material worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unquaiified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purserral septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," ampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronio interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-The nature of the State cause for Never report



WRITE

02

RECORD

state	
hould No is	(
CCUPATION S	
HYS of O	
N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	3
Exact	6
should be stated EXACTI ly classified. Exact staten	3 7 8 9
AGE sh properly	8
piled.	(
may may	9
Every Item of Information should be carefully supp CAUSE OF DEATH in plain terms, so that it may important. See instructions on back of certificate.	_
be sk of	
of information should be ca DEATH in plain terms, so the instructions on back of calls.	TMEG
nation in plair actions	40
Inform ITH Instru	-
of DEA	ľ
Item E OF	
CAUSE Import	1
m Z	_
19%	

5353 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. \$

S	t.		 	W	a	r	d	١	
~		9	 	-	-	ы	60	,	

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME CORTHARUS Junius Manuellan	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Remarked Witte the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	Maco 1 1913, to afy 401 1913, that I last saw h a allve on afx 194 1913
7 AGE If LESS than 1 day,hrs. 6 mos. 9 ds. ORmin. ?	and that death occurred on the date stated above, at
s occupation (a) Trade, profession, or particular kind of work House Mys	With Sixe of andy
(b) General natore of Industry, business, or establishment in which employed (or employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country) Pluistorius	Contributory (Secondary) Old AGL (Duration) yrs mos ds.
10 NAME OF FATHER Bell Bourberger	(Signed) MCC Hagale, M. D.
OF TATHER (State or country)	*State the DISEASE OLUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEAN OF THE TAIL, SUICIDAL, Or HOAIVIDE, Whether OCCUDENT
2 MAIDEN NAME OF MOTHER Cathanie Gudress	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
(Address) Mafway Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed April 1913 C. C. Rickard 2 10t Local REGISTRAR	Hayerstown Md April 22, 1912 20 UNDERTAKER AK CONFINANCE ROYERSTOWN Md

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farm CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of agetion is very important, so that the relative dealthful-Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (a) the kind of work and also (b) (retired 6 yrs.). return "Laborer," "Foreman," For persons (d)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

childbirth or miscarriage, as "Purrperal scotichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the -Kart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthonia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent "Old Age," "Shock." 'Traemia," "Weakness," (Recommendations on statement of may he stated under the head (name origin; "Can State cause for

If this certificate is looked over thoroughly and all gurations answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 6 1913
BUREAU, V.S.